



Senate

General Assembly

File No. 247

January Session, 2003

Substitute Senate Bill No. 835

Senate, April 9, 2003

The Committee on Public Health reported through SEN. MURPHY of the 16th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING MENTAL HEALTH SERVICES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-22f of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2003*):

3 (a) The Commissioner of Social Services may, with regard to the
4 provision of behavioral health services provided pursuant to a state
5 plan under Title XIX or Title XXI of the Social Security Act: (1) Contract
6 with an administrative services organization to provide clinical
7 management and other administrative services; [and] (2) delegate
8 responsibility to the Department of Children and Families for the
9 clinical management portion of an administrative contract pertaining
10 to children under eighteen years of age or individuals who are
11 otherwise receiving behavioral health services from said department;
12 and (3) delegate to the Department of Mental Health and Addiction
13 Services responsibility for the clinical management portion of an
14 administrative contract pertaining to adults with psychiatric

15 disabilities.

16 (b) For purposes of this section, the term "clinical management"
17 describes the process of evaluating and determining the
18 appropriateness of the utilization of behavioral health services,
19 providing assistance to clinicians or beneficiaries to ensure appropriate
20 use of resources and may include, but is not limited to, authorization,
21 concurrent and retrospective review, discharge review, quality
22 management, provider certification and provider performance
23 enhancement. The Commissioners of Social Services, [and] Children
24 and Families and Mental Health and Addiction Services shall jointly
25 develop clinical management policies and procedures. The
26 Department of Social Services may implement policies and procedures
27 necessary to carry out the purposes of this section, including any
28 necessary changes to existing behavioral health policies and
29 procedures concerning utilization management, while in the process of
30 adopting such policies and procedures in regulation form, provided
31 the commissioner publishes notice of intention to adopt the regulations
32 in the Connecticut Law Journal within twenty days of implementing
33 such policies and procedures. Policies and procedures implemented
34 pursuant to this subsection shall be valid until the earlier of (1) the
35 time such regulations are effective, or (2) December 1, 2003.

36 (c) On and after July 1, 2003, if any change in reimbursement rates to
37 providers of behavioral health services pursuant to this section is
38 proposed, notice of such proposal shall be sent by first class mail to
39 each such provider and to the joint standing committees of the General
40 Assembly having cognizance of matters relating to public health,
41 human services and appropriations and budgets of state agencies. No
42 change in reimbursement rates shall become effective on or before
43 ninety days after the date of mailing of such notice. The department
44 proposing such rate change shall provide a hearing on such proposal if
45 requested by fifteen persons, by a governmental subdivision or agency
46 or by an association having not less than fifteen members, if the
47 request is received by the department within fourteen days after the
48 date of mailing of such notice. Not later than thirty days before a

49 proposed change goes into effect, the department shall provide notice
50 of such change to the joint standing committees of the General
51 Assembly having cognizance of matters relating to public health,
52 human services and appropriations and budgets of state agencies, and
53 any of said committees may hold a hearing on such change.

54 Sec. 2. Subsection (e) of section 17a-451 of the general statutes is
55 repealed and the following is substituted in lieu thereof (*Effective July*
56 *1, 2003*):

57 (e) The commissioner shall collaborate and cooperate with other
58 state agencies providing services for mentally disordered children and
59 adults with psychiatric disabilities or persons with substance abuse
60 disabilities, or persons with both disabilities, and shall coordinate the
61 activities of the Department of Mental Health and Addiction Services
62 with the activities of said agencies. The Department of Mental Health
63 and Addiction Services may manage behavioral health clinical
64 management services for adults who are eligible for benefits pursuant
65 to a state plan under Title XIX or Title XXI of the Social Security Act.

66 Sec. 3. (NEW) (*Effective July 1, 2003*) (a) The Department of Social
67 Services, the Department of Children and Families and the Department
68 of Mental Health and Addiction Services shall enter into a written
69 memorandum of understanding for purposes of section 17a-22f of the
70 general statutes, as amended by this act. Such memorandum of
71 understanding shall be reviewed by the Attorney General to ensure
72 that the plan of collaboration adequately protects the persons intended
73 to be served pursuant to said section. If the Attorney General approves
74 the memorandum of understanding, it shall then be submitted to the
75 joint standing committees of the General Assembly having cognizance
76 of matters relating to public health and human services for their
77 review and approval.

78 (b) On or before October 1, 2004, and annually thereafter, the
79 Commissioner of Social Services, in consultation with the
80 Commissioners of Children and Families and Mental Health and
81 Addiction Services, shall report, in accordance with section 11-4a of the

82 general statutes, to the joint standing committees of the General
83 Assembly having cognizance of matters relating to public health and
84 human services on the provision of behavioral health services
85 pursuant to section 17a-22f of the general statutes, as amended by this
86 act, including information on the status of the contract with an
87 administrative services organization, the operation of the collaboration
88 among the Departments of Social Services, Children and Families and
89 Mental Health and Addiction Services, the services provided, the
90 number of persons served and the costs and benefits realized from
91 such program.

This act shall take effect as follows:	
Section 1	<i>July 1, 2003</i>
Sec. 2	<i>July 1, 2003</i>
Sec. 3	<i>July 1, 2003</i>

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note**State Impact:**

Agency Affected	Fund-Type	FY 04 \$	FY 05 \$
Various	GF - Cost	Potential Minimal	Potential Minimal

Municipal Impact: None

Explanation

This bill allows the Department of Social Services (DSS) to delegate the responsibility for clinical management of the behavioral health administrative contract for Medicaid adults to the Department of Mental Health and Addiction Services (DMHAS). It is expected that DMHAS can accommodate these responsibilities within its anticipated budgetary resources.

The bill further requires that anytime DSS, DMHAS or the Department of Children and Families propose a change of reimbursement rates under the Behavioral Health partnership, the departments must notify the provider and the General Assembly ninety days before the effective date of the proposed rates. The departments may be required to hold a public hearing on the changes if requested. The requirement to hold public hearings may lead to additional administrative costs to the departments. Any such costs are expected to be minimal.

The bill further requires the three departments to enter into a memorandum of understanding (MOU) concerning the delineation of responsibilities for the Behavioral Health Partnership. This MOU must be submitted to the General Assembly and the departments must annually submit a report to the General Assembly concerning the

Partnership. These further requirements are expected to lead to minimal increased costs for the departments.

OLR Bill Analysis

sSB 835

AN ACT CONCERNING MENTAL HEALTH SERVICES**SUMMARY:**

This bill allows the Department of Social Services (DSS) commissioner to delegate to the Department of Mental Health and Addiction Services (DMHAS) responsibility for the clinical management of behavioral health services for adults with psychiatric disabilities under any administrative services contract DSS negotiates to provide such services to Medicaid and HUSKY recipients. And it authorizes DMHAS to provide clinical management services to this population. Current law authorizes the commissioner to delegate clinical management for children's behavioral health services to the Department of Children and Families (DCF).

If this new service structure results in proposals to change providers' reimbursement rates, the bill requires notification of providers and legislative committees, and it requires the agency proposing the change to hold a public hearing upon request. Various legislative committees must also be notified before any changes take effect, and they may hold public hearings.

The bill requires (1) DSS, DMHAS, and DCF to enter into a memorandum of understanding to implement this division of responsibilities; (2) the attorney general to review it; (3) the memorandum to be submitted to legislative committees; and (4) the agencies to report annually on various aspects of their provision of behavioral health services.

EFFECTIVE DATE: July 1, 2003

CLINICAL MANAGEMENT SERVICES

The law requires the DSS and DCF commissioners to develop jointly clinical management policies and procedures; the bill adds the DMHAS commissioner to this group. The law defines clinical management services as the process of (1) evaluating and determining

the appropriateness of using behavioral health services and (2) helping clients and providers to ensure the appropriate use of resources. These services include service authorization; concurrent, retrospective, and discharge review; quality management; and provider certification and performance enhancement.

NOTICE AND HEARING ON RATE CHANGES

If this behavioral health service system results in DSS, DCF, or DMHAS proposing any change in its reimbursement rate for providers after July 1, 2003, the bill requires it to send each affected provider and the Public Health, Human Services, and Appropriations committees notice of the proposal by first class mail. Reimbursement rates cannot be changed for 90 days after the notice is mailed. If 15 people, a government subdivision (a town or other political subdivision of the state) or agency, or an association with 15 or more members requests one, the agency proposing the change must hold a public hearing on the issue. It must do this if it receives the request within 14 days of mailing the notice.

The department must notify the Public Health, Human Services, and Appropriations committees at least 30 days before a proposed change takes effect. Any of the committees may hold a public hearing on the change.

MEMORANDUM OF UNDERSTANDING

The bill requires DSS, DMHAS, and DCF to enter into a memorandum of understanding (MOU) to implement their division of responsibilities in this behavioral health partnership. It requires the attorney general to review the MOU to insure that it adequately protects the people who will be served. If the attorney general approves the MOU, it must be submitted to the Public Health and Human Services committees for review and approval. Current law requires the DSS and DCF commissioners to enter into an MOU for their joint administration of an integrated behavioral health delivery system for children (commonly called KidCare). It does not provide for the attorney general's review of the MOU.

Annually, beginning October 1, 2004, the bill requires the DSS commissioner, in consultation with the DCF and DMHAS commissioners, to report to the Public Health and Human Services

committees on the provision of behavioral health services through their partnership. The report must include information on (1) the status of the administrative services organization contract, (2) the partnership's operation, (3) the services provided, (4) the number of people served, and (5) the program's costs and benefits.

BACKGROUND

Existing MOU

In March 2003, DSS, DCF, and DMHAS finalized an MOU formalizing a Behavioral Health Partnership that subsumes DCF's Connecticut Community KidCare initiative and DMHAS' Recovery Healthcare Plan for Adults. The partnership covers individuals eligible for services under HUSKY part A, the federally subsidized portion of HUSKY B, DCF's voluntary services program, the fee-for-service portion of Medicaid (except those in the spend down coverage group), and SAGA and town-administered GA.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 20 Nay 0